



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Roster Request Form

All rosters come in Text format along with instructions on downloading into Excel. The rosters contain license #, name, address, city, state, zip, county, issue date, and expiration date.

The list is in license number order and **does not include phone numbers or email addresses.**

Partial list are not available (i.e., certain counties, cities, zip codes, etc.) The list contains all of the licensees in Georgia. It also contains a record layout of the files.

Payment must accompany request. We accept check or money orders made payable to the Georgia Board of Pharmacy. Please Do Not Send Cash. We do not accept Purchase Orders or Credit Cards.

If you have any questions or concerns regarding our licensee roster, please contact customer service at (404) 651-8000.

Complete the form below and mail with payment to:

Georgia Board of Pharmacy
2 Peachtree St., N.W.
6th Floor
Atlanta, Ga 30303

Name: _____

Company/Business Name: _____

Daytime Telephone Number: _____

Mailing Address: _____

City, State Zip: _____

Email Address: _____

**** Request will not be sent until payment has been received. ****

**** Rosters will be sent via email.**

<i>LICENSE TYPE</i>	<i>PRICE</i>	
Pharmacist	\$100.00	
Pharmacy Tech	\$100.00	
Pharmacy	\$100.00	